| PLEASE TYPE OR PRINT | Entered previous May Show |
|--|--|
| Mr. Artist SAlly C | ochridge no |
| Address 401 Euclis | Hts. Bld. (leveland Ht |
| OH 44106 Street Tel. (216) | 791-0242 |
| Zip Area Code Temporary or Studio Address SAM | E STATE OF THE STA |
| Street Tel. () | City |
| Zip Area Code | |
| If you do not presently live in o Western Reserve, which county | |
| Collaborator(If Any) | |
| If May Show entries are not acc Artist will pick up at Museu Museum should dispose of. | |
| Museum should ship to arti | st C.O.D. at this address: |
| Special Instructions When pecessary include below i | nstructions or a drawing of |

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Sally le Cochroly

\ \ \ DO NOT DETACH

| | | Paintings 2. G Sculpture 5. C | raphics 🗀 3. | Photography |
|--------|---|---|--|---------------------------|
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| 1 | Heart | OF the le | | <u>y</u> |
| | Price or NFS | .00 if NFS | only 38 | X 100 11 |
| | | PHICS AND PHOTO | | |
| | Additional No. | Total No. in Edi | tion Unframe | |
| | ACCEPTED | DO NOT WRITE IN | THIS SECTION | ACCEPTED |
| | REJECTED | /// | (2) | REJECTED |
| | | | 6 | |
| ГАСН | | . Paintings 🕱 2. (| Graphics □ 3. Crafts | Photography |
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| DETACH | Title Dov Hang's | Ask (gess Ask (gess at want ar oun Insurance V | Crafts 60, Colored No He Value S OGRAPHY ONLY | pencil begreber 8"X100" |
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